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# IONAL MEDICINE:

ITS PAST AND PRESENT;

ITS TRUE RELATIONS TO SPECIALISTS, TO THE PARTI-  
SANS OF EXCLUSIVE SYSTEMS, AND  
TO EMPIRICS.

BY

TIMOTHY CHILDS, M. D.,

OF PITTSFIELD.

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Read at the Annual Meeting of the Mass. Med. Society, May 29, 1859.

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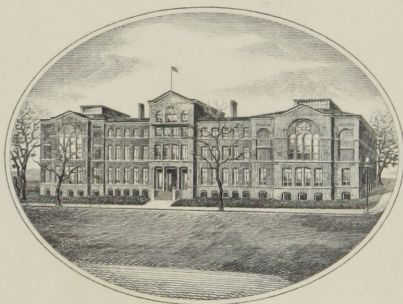
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MR. PRESIDENT, AND

GENTLEMEN FELLOWS OF THE SOCIETY:

THE 20th By-Law of this venerable Society provides, "That the Councillors at their Annual Meeting shall appoint some Fellow to deliver a Discourse on some subject connected with Medical Science, at the Anniversary Meeting of the Society on the next year."

I would that this unexpected, undeserved, and I may add, unsought honor, had devolved on some Fellow more competent to interest and to instruct you than myself; but cherishing, as I do, a sincere attachment to this noble fraternity, and a profound sense of the compliment paid me by its Board of Councillors, I shall do as I have ever done, in the humbler sphere of my own District Society, accept whatever duty is put upon me and fulfil it to the best of my humble ability.



It is a kindly usage to begin this hour with brief remembrance and memorial of the brethren who have fallen in our ranks, wearied with the march and battle of life, during the year. Twenty-two have rested from their labors, and their works do follow them.

Conspicuous among these, was Dr. JAMES DEANE, of Greenfield, whose loss to the profession and to science we all deplore, but whose eulogy has been already elaborately and eloquently uttered by a distinguished Fellow.

The subject which I propose briefly to discuss, is two-fold, and comprises—1st, A hasty glance at some of the *milestones* of medical progress thus far, with a rapid sketch of the present state of our science and our art; and, 2d, The consideration of the true position of the Profession and of the Society with reference to *Specialists*, to the *Partisans of Exclusive Systems of Medicine*, and to *Empirics*.

The Temple of our *Art* (and, if I mistake not, the Temple of our *Science* too) is, as you well know, at least as old as the old master-builder of Cos, who laid its corner stone 2300 years ago.

“There every quarry lends its marble spoil,  
And clustering ages blend their common toil;  
The Greek, the Roman, reared its mighty walls,  
The silent Arab arched its mystic Halls.  
In that fair niche by countless billows laved,  
Trace the deep lines that SYDENHAM engraved.  
On yon broad front that breasts the changing swell,  
Mark where the ponderous sledge of HUNTER fell.  
By that square buttress, look where LOUIS stands,  
The stone yet warm from his uplifted hands.  
And say, O Science, shall thy life-blood freeze,  
When fluttering folly flaps on walls like these?”

But I shall not ask you to go back with me to Hippocrates, of whom one of his translators wittily remarks, we *say much* and *know little*, nor, indeed, to the era of the revival of letters; but beginning with the 17th century, we hail Fabricius, the Italian, who finds that there are *valves in the veins*—and soon after, his pupil, the immortal Harvey, makes his noble discovery of the true circulation of the blood—well termed the “rock-based foundation of modern medicine.”

A few years later, comes Assellius, also of Italy, who discovers the lacteals; Pecquet, of France, the thoracic duct; and Rudbeck, a Swede, the lymphatics. Then Malpighi, an Italian, introduces “magnifying glasses” (microscopes) to facilitate the study of minute parts; and Steno, and De Graaf, and Van Horn, and Swammerdam, and Ruysch, compete with the Italian school in the cultivation of anatomy and medicine. Malpighi discovers the capillaries in 1661. Towards the close of the century, anatomical injections of the blood-vessels are invented and carried to great perfection by Ruysch. These Harvey did not have, as his laborious dissections of the vessels of the body (still preserved in the museums of the Royal College of Physicians and Surgeons) yet show. Nor must we forget that Sydenham (the British Hippocrates), “the restorer of true physic,” as Hume calls him, belongs to this age. This brings our hurried sketch to the 18th century—the Italian and Dutch schools in the van. In the dawn of this century, appears the famous Haller, the Father of Physiology, with his “*vis insita*,” the



inherent irritability of animal (muscular) fibre—a brilliant discovery, which the researches of modern physiology have only confirmed. Priestley and Lavoisier share the glory of the discovery of oxygen, and of the true function of the lungs; and Monro and William Hunter each claim the priority, and *refuse to share* the honor of settling the true function of the lacteals, lymphatics, and thoracic duct, and demonstrating that they constitute one great and general system for the purpose of absorption. This was a stride equalled only by the great discovery of Harvey. Reaumer and Spallanzani and the *great* Hunter begin to unfold the philosophy of Digestion and the solvent power of the Gastric Juice. But this, you know, is but a tithe of what this great genius and hard-working observer did for medicine. We have not time for an enumeration even of his manifold discoveries in every department of our science, and his practical improvements in every branch of our art. I will only refer, as an example of each, to his doctrine and practice of Adhesion, and the improved operation for Aneurism which still bears his name.

The preservative art of *Inoculation*, formerly practised in many countries (as appears from their traditions), had been lost in Europe, and is re-introduced from the barbarous East, by the heroism of Lady Montague, who causes her own daughter to be *first* inoculated, and is hooted and pelted through the streets of London—the unnatural mother who perilled the life of her own offspring. This was in 1721. It is introduced the same year, in the same



month, into Boston, by Dr. Boylston, who also inoculates his own children first, aided by the Rev. Cotton Mather, for which we forgive the latter a multitude of sins of bigotry. Benjamin Franklin denounces the new practice in the columns of the *Courant*. He was a very *young* man, the philosopher, then. Dr. Boylston's house is mobbed and sacked, and he flees for his life—"of whom the world was not worthy."

And time would fail to tell of Cheselden, and of Pott, of the Bells, and the Monros, and the Meckels—of Morgagni, the father of pathology—and of Cuvier, who declares the glories of a past and present creation. In France, too, Desault does for French *surgery*, what Hunter had done for the whole science in Britain, and the genius of his illustrious pupil, the gifted Bichat, irradiates the close of this century. Petit introduces the ligature; but in 1798 Jenner makes his grand discovery of *vaccination*, and this is the true climax of the medical progress of the 18th century. Let us make honorable mention, too, of Lind, who, "while *scurvy* raged among the crews" of the English Frigates, "and corpses were daily flung out of the port-holes," investigates this other scourge, and lays down the method of prevention and cure. I have said nothing of the distinguished theorists and sect-founders, from Galen and Paracelsus to Broussais and Hahnemann; nor shall I, save that many of them have done good service to medicine, in spite of their theories.

The 19th century opens, and what shall I say of the *crowd* of laborers, with sharpened and burnished

sickles, wending their way to the whitened fields. I shall not attempt even a catalogue of them. In no period of the history of medicine has there been witnessed a progress at all comparable to that which has characterized the first half, and especially the second quarter, of this century. This was to be expected. Medicine can only improve as the collateral and tributary sciences improve. As these are perfected and applied to the study of *our* science, and as nature is more severely interrogated by better and more thorough methods of investigation, medicine *does* improve. I can only glance at some of the gains that have been made during the period we are considering.

1st. The creation of the Science of General Anatomy, the true point of departure for the cultivation of Physiology and Pathology.

2d. The application of Chemistry and the Microscope to the elucidation of these branches.

3d. The increased accuracy of Diagnosis, and this aided by a careful study of the Physical Signs of Disease.

4th. The better understanding of the nature and relations of that most extensive morbid process, Inflammation.

5th. The study of the Pathology of the Blood—the life—the “Moses” that urges on and sustains the tissues that fight; and the Chyle and the Lymph—the “Aaron” and the “Hur” that stay up his hands—“Chemical Food,” by which I do not mean the contents of bottles so labelled, nor any particular combination of “superphosphates” or “hypo-



phosphites," but the doctrine, the grand idea that the pathological chemistry of the blood is to be carefully studied, with the view to antidote or eliminate what is poisonous, to reduce what is in excess, to supply what is lacking, as we do through the soil to the sap, the blood of the plant. In this direction much is to be hoped for medicine. There is philosophy as well as poetry in the fancy of Rush—"Who knows but that, at the foot of the Allegany mountain, there blooms a flower that is an infallible cure for the epilepsy? Perhaps on the Monongahela or the Potowmac there may grow a root that shall supply, by its tonic powers, the invigorating effects of the savage or military life in the cure of consumptions;" and in the prophecy of the enthusiastic Churchill, that in the mineral kingdom there shall be found substances which shall so restore to the blood its normal richness, that consumption, now the scourge of our latitude, shall become (as smallpox has become through the preservative influence of vaccination) a rare and exceptional disease.

Here, as elsewhere, Art oftenest precedes Science. Iron cured chlorosis long before Andral and Gavarret weighed the corpuscles in scales, and measured the *liquor sanguinis* in a balance.

6th. The enlargement and the intensification of the Materia Medica—the introduction of new and valuable agents, and (not less important) the reform in excessive medication.

7th. The increased knowledge of the Principles and Methods of Hygiene, and of Climatic Influences.



8th. The greater boldness, and not less, the greater conservatism of our Surgery.

9th. The discovery, and introduction into general use, of Anæsthetics.

10th. The better appreciation of Nature in Disease, and this from a better acquaintance with the Natural History of Disease. Need I remind you that "*Natura Duce*" is our chosen motto?

The members of this Society have added their massive blocks and glittering panes to the ever-ascending temple of the science of Rational Medicine. To illustrate by details, I need not go beyond matters in which they have borne an honorable part:—The improved treatment of peritonitis, ovariectomy, paracentesis thoracis by the new method; the introduction of that beautiful arterial sedative, the *Veratrum Viride*; the establishing of the contagion of puerperal fever—"puerperal fever a private pestilence"—and the prophylaxis that results; the introduction, if not the discovery, of one of the valuable anæsthetics; "*Nature in Disease*."

In Anatomy, we have seen the structure of the liver and kidney unfolded; in Physiology, the true function of the pancreas and the kidney, and measurably, that of the liver; in Surgery, practical lithotomy, silver sutures, anæsthetics, "the ready method" in asphyxia, &c.; in Obstetrics, the philosophy of menstruation, the improved (local) treatment of uterine disease, the modern treatment of puerperal peritonitis, and the more scientific treatment of puerperal convulsions; in Pathology and Practice, order educed from chaos in the pathology,

diagnosis and treatment of syphilis—*syphilis*, says Andral, a disease so systematic and orderly, that it ought, so to speak, to serve as the *key* to all pathology—the alkaline and eliminative treatment of rheumatism and gout—the pathology of tubercle, and the analeptic treatment of phthisis—the successful cultivation of specialties, those of the eye and ear, for example.

The catalogue might be largely increased; but, after all, let us frankly admit the imperfections of our science; let us admit that “there remaineth yet much land to be possessed;” let us adopt the beautiful motto of Seneca, prefixed by one of the Fellows of this Society to his excellent book:—“*Multum egerunt qui ante nos fuerunt, sed non peregerunt; multum adhuc restat operis, multumque restabit; nec ulli nato, post mille sæcula, præcluditur occasio aliquid adhuc adjiciendi.*”

And this brings me to my second, and, I would fain hope, not untimely topic—the true position of the Profession and the Society towards Specialists, towards the partisans of Exclusive Systems, and towards Empirics.

And, 1st, Should the cultivation of *specialties* in our Profession be encouraged? I am aware that there are differences of opinion on this point in the Profession and in the Society. One eminent member of this Society commences his excellent address to the Fellows of his District Society, thus:—“I stand before you an humble advocate for the study of



Specialties in Medicine.,” \* Another and a distinguished Fellow, in a speech brilliant with the coruscations of his own fine genius, warns us against their cultivation, and points out their narrowing tendencies as follows:—“And, in the mean time, we must not disguise it from ourselves, that causes are at work within as well as from without, that may well occasion grave thought on the part of all who are anxious that the Profession should maintain its high standing. Medical practice is breaking up into specialties, that make men skillful and narrow-minded,” &c.† Is there no underlaying principle which the Profession and the Society will recognize and accept as harmonizing extreme views of this matter?

The advantages attendant on *division of labor* are recognized in every other department of science and of art. Every man cannot be in and of himself a good (not to say the best, the most accomplished) astronomer, geologist, naturalist, chemist, &c., &c. Neither can he be in and of himself the best anatomist, physiologist, pathologist, microscopist, surgeon, obstetrician, oculist, aurist, and, highest of all, scientific physician. The circle of the sciences and the circle of our science have too long *radii* for this. And in an advanced state of the arts, we do not look to one and the same man as the best architect, mason, carpenter, painter, plumber, cabinet-maker,

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\* Dr. Collins, in the Boston Medical and Surgical Journal, Vol. XLVII., No. 23.

† Dr. Holmes. Anniversary Meeting at Springfield.—(*Springfield Republican*, June 28th 1855.)



upholsterer, &c., &c. And, practically, neither in our science nor in our art, do we find it so. Sichel, and Guthrie, and Agnew, and Williams, and Noyes, lean to the eye. Kramer, and Wild, and Toynbee, to the ear; Ricord, and Acton, and Bumstead, to syphilis; Trousseau, and Green, and Bowditch, to the chest, the respiratory organs; Langenbeck, and Diefenbach, and Carnochan, and Sanborn, to plastic surgery; Howship, and Quain, and Bushe, to the rectum; Longet, and Flourens, and Bernard, and Dalton, and Stiles, and Flint, Jr., to experimental physiology; Rokitansky, and Paget, to pathological anatomy. There is, then, a place for specialties in medicine; and it is to the labors of the much-decried specialists that medicine owes much of its advance for the last fifty years.

I admit, on the other hand, that there exists the danger so graphically depicted by the Fellow I have quoted, of the narrowing tendency of their cultivation. This, indeed, must be guarded against, as he suggests, by a wide and liberal culture, and especially by a thorough grounding in the principles of the *general science* of medicine, before cultivating any *specialty* in medicine. There are two kinds of specialists—those who, having thoroughly mastered the general science of medicine, cultivate, in a scientific spirit, some particular department; and those who, all ignorant of the general science, hold themselves up as oculists, aurists, and the like. To the first class, all praise and all encouragement are due; the second are pure empirics—arrant quacks.

2d, As to the proper method of dealing with the

partisans of exclusive systems and schemes of medicine.

Medicine does improve, but it improves *slowly*. Eager minds are not content to labor and to *wait*, and to tread slowly and painfully the toilsome path of induction, and the narrow and more difficult and more dangerous path of scientific deduction in medicine. A just and almost perfect combination of the inductive and the deductive mind is a gift rarely vouchsafed to any. A HUNTER is almost a miracle; a second Hunter, in our fast age, would be quite miraculous. Schemes and systems of medicine are invented; some inchoate, modest, and promising in the distant future—more complete, perfect, boastful of present results—all challenging our admiration and acceptance, all exclusive. On the extreme right, the inductive side, we have the exclusives of the “school of observation,” with their Procrustean bed of the “numerical method”—on the extreme left, the deductive side, we have the exclusives of Homœopathy. The sage of quiet Misnia, in deductive Saxony, of mystic Germany, possessing himself of the universal law, “*similia similibus curantur*,” announces, when he hears of the *approach* of God’s dread messenger and scourge—cholera—that drop doses of the tincture of camphor are the specific. Clever Dr. Henderson heads one of his chapters—his racy chapters—“vulgar errors about the inductive method,” and scouts Bacon’s notion of reasoning from particulars up to generals. Aristotle was right after all—the genius of Hahnemann has given the universal law, and from it we must reason *down*.



Between the two, with their imperfect and limited inductions, and their still more careless and hasty deductions, Priessnitz avers that the whole science consists in the right application of cold water; botanic Thompson declares that heat is life and cold is death—and hence, as a corollary, that steam and pepper, lobelia inflata and no calomel, are the essence and the consummation of all medical science; “Eclectics,” falsely so called—who, instead of selecting their remedies from the three kingdoms—nay, like the true eclectic, taking the lightning from the heavens above, and mercury from the earth beneath, and iodine from the waters under the earth, make their eclecticism to consist in the rejection of “poisonous minerals.”

But of all these full-blown schemes of medicine, there are but two that I know of that possess any fascination for the cultivated and well-instructed physician. These are, the exclusive system of the partisans of the “Numerical Method,” and the exclusive system of the partisans of Homœopathy. Each of these has its attractions for a different class of minds, and of each of these two I would say a few words.

1st. Of the exclusive system of the “Numerical Method.” What is it? It consists, as defined by one of its ablest American advocates, in a “Numerical method of statement, analysis, and appreciation of medical facts.” Every man (adds the late accomplished author of the *Philosophy of Medicine*), “in every age, who has stated numerable facts in anatomy, physiology, pathology, or therapeutics, in *spe-*



*cific numbers*, has made use of the numerical method. Every observer who counted accurately his cases of disease, or any of the phenomena connected with these cases, and gave the result *in numbers*, instead of resorting to the more common and indefinite terms of 'a small number,' or 'a large number,' 'frequently,' or 'rarely,' has so far made use of this method."

This accurate and beautiful method of observation I do not stand up here to decry. It is its *abuse* by insisting on it as the *one* and *exclusive* method in the cultivation of medicine, against which I protest. These "ultraists of the rigorous school" date the *dawn* of medical science at about 1827, when Louis—whose name I mention with the profoundest respect—published his great work on the Typhoid Affection (Fever); and the very liberal of them see a dim morning twilight as early as 1808, when Broussais—before he apostatized and set up a theory of his own—published his "History of the Chronic Inflammations." These gentlemen have no faith in Sydenham or Hunter, or any body else who has not fulfilled all the requirements of their "method." Tell one of them (usually a young man, fresh from Paris) that Dr. Nathan Smith found that, with the best treatment he could give to typhoid fever, one in ten die, he shakes his head; Nathan Smith, though an excellent observer, did not make use of the "numerical method." Tell him that M. Louis finds the mortality to be one in 9 and 7-11ths, he takes off his hat. They complacently reduce the objections to their exclusive method to three or four

heads. 1st, "Ignorance of the object for which the mathematical processes are employed;" 2d, "Self-esteem, which resists all contrivances for demolishing cherished errors;" 3d, "Indolence;" and, 4th, the very liberal add, "Reverence for the opinions of the past." Now we might say—and it would be a sufficient answer to such arrogance to say—that modesty is the badge of true wisdom; that such pretension is not without its parallels in the history of medicine. "There is more wisdom in a single hair of my head, than in Hippocrates and all the Fathers," said Paracelsus. "*Quapropter non dubito me solvisse nobile problema dato morbo invenire remedium,*" said Pitcairn, a famous champion of the mechanic theory of the 17th century. "After so many vacillations in its march, medicine at length has found the *only* path that can conduct it to truth," said Broussais. "Since this art (referring to medicine) consists in a gross imitation of a dangerous and insufficient process, it must be admitted that the *true medicine* was not discovered until by *me*," said Hahnemann.

But to the point. They tell us—these exclusives of the school of observation—that "all true and direct relationships are invariable;" *e. g.*, that "a quart of blood, drawn in a given time, from the arm, will always, under the same circumstances, produce the same effect; that two grains of calomel, or a quarter of a grain of the tartrate of antimony and potassa, or one half a grain of opium, or these three substances in combination, introduced into the system, every three or six hours, will always, under the



same circumstances, be followed by precisely the same results." They repeat that "all true and direct relationships are invariable." Now we venture to say—Not so fast, gentlemen. You must allow us to put some faith in the records of such observers as our science boasts—at least till the Numerical Method shall have shown their fallacy; and, in the mean time, do not render worthless your numerical method of statement, analysis, and appreciation, by vitiating its most important element. Do not exact of every poor pleuritic the pound of blood, or the swallowing of just two grains of calomel, or a quarter of a grain of the "tartrate of antimony and potassa," or the "half grain of opium," or "these three substances in combination every three or six hours." We have such tables, and I cannot but see in them an abuse of figures. You are grasping at the shadow of accuracy, and losing the substance, as much as did the mathematicians of the 17th century, with their tables of medicines accurately graduated to the squares of the constitution, and just sixty-eight pounds of bile passing through the hepatic duct in every 24 hours—a conclusion, quaintly observes Dr. Percival, "repugnant to fact and experience." The therapeutical results arrived at by the numerical method are mere *averages*, and, therefore, of no practical value in particular cases. A patient, it has been well said, is never an *average*, but a *case* by and of itself.\*

You will observe that it is not the Numerical

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\* Dr. E. R. Peaslee's Anniversary Discourse, New York Academy of Medicine, 1858.



Method, but the abuse of it—that is, the *exclusive* use of it—to which I object. Let it be applied wherever and whenever it be found applicable—let us learn all we can from it; but do not confine us to it.

I pass to the second exclusive system I propose to notice—the doctrine and practice of Homœopathy. “*Vita brevis, ars longa, occasio præceps, experientia fallax, judicium difficile.*” So reads the first axiom of the Father of Medicine; and it is as true now as it was 2300 years ago. Not so, say the Homœopaths of our day. The life of Samuel Christian Frederic Hahnemann (born in 1755, and died 1843) was long enough to establish a perfect theory of medicine. Occasions for testing the truth of the system have been ample; their experience is not deceptive; judgment in the application of the “Universal Law” is comparatively easy—“*Similia similibus curantur.*” Find the remedy homœopathic to the symptoms of the sick man, and administer it. The cure is almost certain. If there be any failure, it is not to be laid to the charge of the system; the error is in the imperfect application of it.

Let me state fairly the doctrine and practice—“*Similia similibus curantur.*” Like cures like. Find in the *materia medica* a drug which, when given to a healthy person, will produce symptoms similar to those under which the patient is laboring—that is the remedy. The theory is, that such remedy acts on the diseased part by creating an analogous *medicinal* disease, which extinguishes the original one, and soon subsides of itself. Inseparably linked

with this doctrine is the complementary one, that these remedies, so acting, are to be given in very minute and generally infinitesimal doses—else the “medicinal disease *persists*,” and the last state of that man is worse than the first. Now we object to this exclusive system—

1st, That it ignores the very existence of the “*vis medicatrix naturæ*,” the tendency and the capacity, under favorable conditions, with which a kind Providence has endowed every organ, and the totality of the organs composing the system, to return to a healthy structure and function, when these have been impaired or deranged. Hahnemann frankly avows his total scepticism as to the curative powers of nature.\* Has this been the error of the regular profession? Or rather, has not their error been that, while acknowledging themselves, in words, the *ministri Naturæ*, they have, in fact, with Hahnemann, fancied themselves the *magistri Naturæ*? May I not go farther, and ask, is disease *ever* cured save by aiding her whom the great poet so justly styles “excelling Nature.”

2d, Exclusive Homœopathy ignores all *entities* in disease, and deals only with the subtle vital power. It ignores, for example, the *condition of the blood in blood diseases*. Take, for instance, the case of a worker in lead. He inhales the lead fumes, the poison is absorbed by his lungs, it circulates with his blood to his stomach, and he has lead colic. It circulates to the extensors of his wrists, and he has

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\* Organon, pages 30-34.



lead paralysis. He dies, and Devergie and Tanquerel find "a considerable quantity of lead" at the sites of the disease. Is not lead an *entity*? Taught by experience, *we* say this poison of lead is the cause of the disease. We say—"tolle causam cessit affectus." We antidote or eliminate the poison, and, *pari passu* with the elimination of the poisonous mineral, the patient regains his health. But the Homœopathist overlooks all this. He asks not what is at fault with the machine, to apply the proper corrective; but what are the symptoms, and what drug is homœopathic to the symptoms? But this, you say, is a case of *poisoning*; and are not gout, and rheumatism, and typhus, and ague, equally cases of poisoned blood? Admit frankly that we do not yet know the history of some of these, as well as that of lead-poison; 25 years ago we knew less of lead-poison than we now know of the poison of rheumatism or the poison of gout. The illustrations might be indefinitely multiplied—*chlorosis, uræmia, scurvy, &c., &c.* In scurvy, Dr. Kane's "last scraped potato" and raw walrus were certainly *entities*, and did not act on the universal law of cure of Homœopathy, "*similia similibus curantur.*"

3d, And closely connected with the homœopathic dogma just adverted to, that "the causes of disease cannot possibly be material," as Hahnemann phrases it, is another dogma, that the totality of the symptoms represent, constitute, are, the disease.\* This, indeed, is an essential feature of the homœopathic

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\* Organon, page 85.



system. But is it so? In a very common disease of the hip joint, the pain is often referred to the knee, and very frequently the knee is swollen, even; in short, all the sensations of the patient are referred to the knee. In tetanus, the *symptoms* pertain to the voluntary muscles, or certain of them, as those which close the jaws; the *disease* may be a thorn in the foot, or strychnine in the blood, &c. In gout, the *symptoms* are in the toe; the *disease*, lithic acid in the blood. In rheumatism, the *symptoms* are in the shoulder; the *disease*, lactic acid in the blood. Is not a quart of serum compressing a lung an *entity*; and is it to be ignored? And is the indirect pleuritic cough, one of the consequences of this pressure, the disease itself? I say, then, that the symptoms, even the totality of them, are not the disease, and often do not even represent the disease. Symptoms are but the *glass* that suffering nature holds out to the true physician, with which to inspect the disease.

4th, We object to Homœopathy, that it ignores the ascertained practical facts of that most common pathological process, Inflammation. Twenty-five years ago, this would have been no great deficiency; but within that period, the labors of Paget and his collaborateurs have evolved from this chaos a beautiful order, which is destined to work vast practical improvements in our art. We do now *know* that inflammation may *begin* by a vitiation of any one of the four essential conditions of the healthy action of any part—that is, it may make its debut in the bloodvessels of the part, in the blood of the part, in

the nerves of the part, or in the essential structure of the part. We do *know* that, when the disease is grave, when the scales hang fearfully balanced between struggling nature on the one hand and deadly inflammation on the other, our art may come to the rescue—not to take the case out of her beneficent hands, but to aid her by removing one or more of these abnormal conditions—she taking up the work and completing the cure by the removal of the rest. Let me instance that once fearful disease, peritonitis. We now administer the large doses of opium; we cure the nervous element of the disease (which is the leading element); we allay the horrible pain. Excelling Nature takes up the cure, and removes the other faulty conditions.

And here I should be recreant to that command of the Decalogue which enjoins me to “honor *my father* and my mother,” if I did not claim for a Fellow of this Society the honor of the discovery, the introduction and the public teaching of this, the opium-treatment of peritonitis, *twenty-five years ago*.

In a case of *specific* inflammation, where the inflammatory process begins in the blood, *we* antidote or eliminate the poison from the blood; *Nature* again takes up the cure, and removes the other abnormal conditions. Again, if the engorgement of the blood-vessels of the part be the leading faulty condition, we unload these by local depletion. We apply a few leeches or cups; and, as before, Nature, thus aided, takes up, and completes the cure. All this, the now well-settled history and pathology of inflammation, Homœopathy utterly ignores. It only



asks what are the symptoms, and what is homœopathic to the symptoms.

5th, We say that the homœopathic diet, enjoined as a means of cure, is, like the rest of the system, fanciful and empirical—no scientific principle underlying it.

Rational Medicine aims, at least, to adapt the diet to the condition of the patient. In consumption, for instance, where the blood is impoverished, in part, certainly, by lack of its oily element, we prescribe an “apoplectic” diet, and we administer the cod liver oil; and, under favorable circumstances, the chyle, and thence the blood being enriched by a due proportion of oil, the general nutrition is improved, and the patient is cured. The statistics of the Brompton Hospital, the accuracy and veracity of which are beyond question, prove that, of all the cases there treated, in all stages of the disease, nearly one third are cured; the disease is arrested in nearly another third—leaving the mortality less than 40 per cent. Where can Homœopathy point to results like these? In the much vaunted and not over honest tables of Fleischmann, of Vienna (confessedly one of the best homœopathic practitioners in Europe), all the poor consumptives, 98 in number, go into the black column—whole number, 98; died 71; “discharged uncured,” 27. Ah, we know what that means—*sent home to die*, 27; 71 and 27 = 98. Why did not Homœopathy cure one of the 98? Read Bennett on Tuberculosis, and you will see. Tubercle from an impoverished blood, the main deficiency, or certainly a leading deficiency, is in the



amount of the oleaginous element furnished. Hence the treatment (and the diet is an essential part of the treatment) should have steadily in view a richer blood—a better nutrition. Cod liver oil, perhaps from containing the biliary principles, is more readily assimilated than other fats, and hence, in the majority of cases, a leading article in the treatment. Why is the disease unknown among the Esquimaux—while here, in Boston, it heads the weekly list of your City Registrar—and throughout New England causes one fourth of the total mortality? No other explanation of the fact can be given, than that they live on a highly oily diet. Arctic explorers tell us that no bonbons are so acceptable to Esquimaux belles, as tallow candles. The mysterious darkness of Paris, on the night of April 31st, 1814, was explained next morning by the discovery that the Cossacks had drank up all the oil in the street lamps.

Do you ask why we see no such results from the “analeptic” treatment of phthisis, as those claimed by Bennett and the physicians of the Brompton Hospital? I answer, 1st, and chiefly, because we are not sufficiently impressed with the importance of the constitution of the blood in this disease. We are too much wedded to the old idea of treating the *symptoms* of consumption, and its *complications*—have too little faith in the grand fact that it is by a *better nutrition* and a *richer blood*, and by this alone, that it is to be cured.

But we see people every day taking cod liver oil and dying of consumption. True we do—but what

else are they doing, or leaving undone? They are shut up in close rooms, instead of inhaling God's oxygen, on foot, on horseback, and in open carriages. They are taking nauseous "cough mixtures," which destroy the appetite and prevent that better nutrition from which alone a cure is to be hoped. They are taking too much of the oil, and often a purely factitious article of the oil. Take the converse class of cases, where the oleaginous element is in excess—the surplus must be eliminated in great part by the liver; this organ is overworked, and bilious attacks result—perhaps biliary calculi form. We interdict the oily and saccharine articles of diet—and, with or without appropriate medicinal treatment, the diathesis is overcome. Dr. Smith, late of Stockholm, Sweden, tells us that in that capital this disease is endemic, and is always cured by a prescribed diet. One more example. Macaulay, layman as he is, has not failed to mark the change in the character of the diseases of England, wrought by the introduction of the potato and other roots and esculents into the diet of the people. When the diet of the English people consisted almost exclusively of wheat bread and meats, the albuminous group of aliments was in excess, and the result was a great prevalence of *gouty* and *calculous* disease. When the diet of the people was changed by the introduction of new vegetables and fruits, these affections decidedly diminished. Among the poorer classes of society, those compelled to live on a poor, vegetable diet, we find rheumatism; and in the penitentiaries and the work-houses of England—where, as Dickens well satirizes it, "a Board



of fat Governors spend their official time in diluting gruel and writing reports"—we find that out of 860 inmates, 437, or 52 per cent., were affected with scurvy, when the wise Board of Governors aforesaid cut down the allowance of nutriment from 31 to 21 ounces per diem. In other public institutions, where similar wise Boards undertook to keep the paupers on bone soup, we find a malignant fever breaking out, and decimating the inmates two or three times over. In short, Rational Medicine, guided by experience and experiment, recognizes the fact that a well-arranged dietetic scheme ought to consist of such a combination of the several groups of aliment as is most appropriate to the requirements of the given patient.

This is of itself a great subject, and deserves more attention than it has yet received from the profession. What makes dyspepsia (the forerunner of phthisis) so common, so universal, on the highest hills of Berkshire and in the most elegant avenues of Boston? What more than a badly-regulated diet, and a horribly unscientific cookery? You dine freely in Paris, and you feel no sense of oppression. You dine freely here, and you are stupid all the evening. There cookery is a science; here it is hardly an art. The point I make, is this—that there is a science of diet; the well-instructed physician avails himself of it; the dietetic prohibitions of Homœopathy, though they may and do effect a great deal of good in some cases, are at best exclusive and arbitrary, based on conceits that "veal" and "tooth-powder," "pork"

and "perfumery," may militate against the action of hepar 3 or nux 30.

And this brings me to the ludicrous side of the argument—that medicines are efficient in *infinitesimal* doses, though, as plain and palpable grains of powdered oyster shells or chamomile flowers, they are inert. On this I shall not dwell—not because it does not afford a beautiful example of the "*reductio ad absurdum*," but because its exposition, though legitimate, is somewhat stale. I only allude to it to show where the adoption of this exclusive doctrine led its illustrious founder:—"Latterly I have been forced by experience to reduce the number of *shakes* to *two*, of which I formerly prescribed ten to each dilution;"\* "Of late I have become convinced of the fact (which I would not have previously believed), that *smelling* imparts a medicinal influence as energetic and as long-continued, as when the medicine is taken in substance by the mouth."† Such vagaries, such absurdities, are the natural fruit of the adoption of an exclusive theory in medicine—"obsta principiis."

And this brings me to speak very briefly of the true position of the Profession and the Society towards the partisans of these exclusive systems. "Nullius addictus jurare in verba magistri," should certainly be the motto of the scientific physician; but the profession excommunicates no man because he believes in the "numerical method of statement, analysis and appreciation"—because he

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\* Organon, page 205.

† Organon, page 209.



is a numeralist, or an exclusive numeralist; nor should it excommunicate any man because he believes that quinine cures ague, or aconite cures congestion, on the principle of "*similia similibus curantur*," or because he prefers small doses or infinitesimal doses of either. You do not expel a Brunonian, a Broussaisan, a Tullenian, for his therapeutical views, exclusive though they are. Why, then, should you expel a Hahnemannian for his therapeutic views, however exclusive or however absurd? In short, the inquisition is not to be carried into the therapeutic views and opinions, any more than into the physiological or pathological views and opinions, of any member of a liberal profession.

Do I then defend or countenance Homœopathy, or the partizans of Homœopathy? God forbid. I have refused, in writing, to consult with them, even in surgical and obstetrical cases. Would I retain them in the Society? No—but I would expel them *on the right ground*, and such ground we have.

Against the empiric or the quack all will agree that the Profession and the Society should set their faces like a flint. But what constitutes an empiric? What makes a quack? Chiefly, as I humbly conceive, two things—1st, Ignoring the wisdom and guidance of the past; 2d, Assuming and advertising to be possessed of a skill beyond our contemporaries. "Quack," says Walker, "is a boastful pretender to arts which he does not understand"—"One who proclaims his own medical abilities in public places." "Advertising" is a relative term. In Paris, it is advertising to put the modest prefix of Doctor

on your door plate. I care not whether the advertising be by the newspapers, by advertising vans, or by private trumpeting. The moment you advertise yourself, or allow yourself to be advertised, or written down, or called a Homœopathist, an Allopathist, or an Antipathist, a Hydropathic, Botanic, Eclectic, Electric, Analeptic, *or any other sort of Doctor*, you cut yourself off, and justly, from the communion of the Medical Church Catholic; and the essence of the quackery is, that you ignore the wisdom and guidance of the past, and assume and advertise yourself to be possessed of a wisdom beyond your contemporaries. Here is solid ground. On this ground, I would expel a Homœopathist, and on the same ground I would expel all other empirics. That this is the true principle on which the Profession and the Society should act, I entertain no doubt; that there may be difficulties in the application of this principle (as there are in the practical application of all principles), is freely conceded. I was glad to see that the action of the Censors of the Suffolk District Medical Society measurably recognized this principle, and that it was endorsed by the Councillors of this Society. How has the other policy—the carrying the inquisition into the theoretical views and opinions of the applicant or the Fellow—worked? “The thing that hath been shall be, and that which is done is that which shall be done, and there is nothing new under the sun.” The Homœopathists have raised the cry of persecution for theoretical views and opinions; the heresy has spread, as heresy always has spread when met



by persecution, real or imaginary. A homœopathic statistician informs me that there are over 200 homœopathic physicians in Massachusetts. Now that there will always be "homœopathic" doctors, as there will always be "protestant" gardeners, and "evangelical" chambermaids, and "sober" coachmen, and "virtuous" chimney-sweeps, *as long as they are wanted*, I do not doubt; but I would take from the first mentioned article—the "homœopathic" doctor—this weapon, that he is a martyr to his therapeutic views and opinions, by expelling and rejecting him not because he is a Homœopathist, but because he is a Quack.

GENTLEMEN FELLOWS,—I have detained you too long; I will relieve your patience with the prayer that this ancient and honorable Society, more valuable to the State than to herself, may still continue her beneficent mission—that she will still continue to bend gracefully to the progressive and liberal spirit of the age; that she will hold ever to the glorious maxim of St. Augustine—"In essentials unity, in non-essentials liberty, in all things charity."

So shall her glory endure in its freshness, and the bow be strengthened in her hand.





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